

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>(Signature)</i>		10-16-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
1 (Original)	1-1-30-02
1	✓ -
2	✓ ✓
3	N N
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	N N
8	N N
9	✓ ✓
10	N N
11	✓ ✓
12	N N
13	✓ ✓
14	✓ ✓
15	N N
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	N N
20	N N
21	✓ -
22	N N
23	N N
24	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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